

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-024770

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5850

FILED JUN 18 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb <b>3 Days</b>	c. CITY OR TOWN <b>High Ridge Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Box 44 High Ridge Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPH A JANESKY</b>			4. DATE OF DEATH Month Day Year <b>6-12-1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-1-1895</b>
10a. USUAL OCCUPATION (Give kind of work done) <b>Retired Lumber Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>67</b> IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME <b>Wm. Janesky</b>		11b. MOTHER'S MAIDEN NAME <b>Amelia Enzel</b>	11c. NAME OF HUSBAND OR WIFE <b>Mildred Peters Janesky</b>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) <b>W, W, I</b>		13. INFORMANT Address <b>Mildred Janesky Box 44 High Ridge Mo</b>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary occlusion</b> DUE TO (b) _____ DUE TO (c) <b>4201</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	17. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
18. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. CITY, TOWN, OR LOCATION COUNTY STATE	
22. I attended the deceased from <b>3/31/62</b> to <b>6/11/62</b> and last saw him alive on <b>6/11/62</b> Death occurred at <b>2730 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		23. SIGNATURE (Degree or title) <b>Jos. Grunert M.D.</b>	
24. ADDRESS <b>5521 S. Redway</b>		25. DATE SIGNED <b>6/12/62</b>	
26. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	27. DATE <b>6-14-1962</b>	28. NAME OF CEMETERY OR CREMATORY <b>New St. Markus Cem.</b>	29. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
30. FUNERAL DIRECTOR ADDRESS <b>WINGBERMUEHLE 3819 So Grand Blvd</b>		31. DATE RECD. BY LOCAL REG. <b>JUN 12 1962</b>	
32. REGISTRAR'S SIGNATURE <b>Loan Smith M.D.</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*George J. Ingbermeyer*

Licensed Embalmer No. 4611

P. O. Address Alam 18 Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.